

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPlicate
(Other in triplicate on reverse side)Form approved.
Budget Bureau No. 42-R1424.

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. LC 031621 b	
2. NAME OF OPERATOR Continental Oil Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR Box 460, Hobbs, New Mexico		7. UNIT AGREEMENT NAME NMFU	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FSL & 1980' FEL Sec. 15, T-20S, R-37E, Lea County, New Mexico		8. FARM OR LEASE NAME Britt B	
14. PERMIT NO.		9. WELL NO. 9	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3563 DF		10. FIELD AND POOL, OR WILDCAT NMFU Field Drkd & Weir Tubb Pools	
		11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA Sec. 15-20S-37-E	
		12. COUNTY OR PARISH Lea	
		13. STATE N.M.	

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐(Other) ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON* ☐CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) ☐REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT* ☐

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.) *

Isolate Tubb Gas and Perf and Treat Drinkard was accomplished using the following procedures: TD 8536, PB 7658, Pay-Drinkard 6810-6928. Latest test Shut in since March 1962. Pay-Tubb 6474-6556. Latest test 3-16-64, flwd 152 BO, no water in 24 hours W/1441 MCF. GOR 9477. Work done: Perf Drinkard 6656, 6661, 6680, 6688, 6746, 6753, 6764, 6771, & 6780 W/1 JSPF. Set retrievable BP @ 6800. Acidized 6656-6780 W/3000 gals 15% LSTNE Acid. Sand-fraced 6656-6780 W/20,000 gals crude, 20,000# sd & 1000# "ADOMITE" Additives. Moved BP from 6800 to 6600. Treated lower Tubb perfs 6530-6556 W/1000 gals 15% LSTNE Acid. Squeezed Tubb perfs 6474-6556 W/200 sx Class "C" cmt W/1/2 of 1% Halad "9". Treated Tubb Reperfs 6510 & 6515 W/2000 gals 15% LSTNE Acid. Tests indicated communication between squeezed perfs 6474-6515. Spotted 15' sand on retrievable BP @ 6570. Squeezed all Tubb perfs W/50 sx cmt. Reperf Tubb @ 6508, 6510, 6512, & 6514 W/2 JSPF. Acidized Tubb perfs 6508-6514 W/200 Gals 15% Acid. Perf Tubb 6486, 6489, 6492, 6494 & 6498 W/2 JSPF. Spotted 250 gals acid before perforating W/Pkr @ 6296. After workover Pay Drinkard flwd. 5 Bbls. 39 Deg Gravity oil, 7 BW in 24 hours W/ 87 MCFGPD on open choke. GOR 57,400. Daily allow 2 BO (Penalized). Date Tested 11-11-64. Flwd 128 Bbls 39 Deg gravity oil, 1 BW in 24 hrs W/1500 MCFGPD on 28/64 chk. CP-Pkr TP 300#. GOR 11,719. Workover started 7-15-64, completed 8-14-64. Date tested 8-19-64.

18. I hereby certify that the foregoing is true and correct

SIGNED SIGNED ROBERT GAULT IIITITLE Staff SupervisorDATE 2-1-65

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

USGS-5, NMOCC-2, JM PAN AM HOBBS-3, ATL ROS-2, CALIF HOUS AND MID-1 ea.

*See Instructions on Reverse Side

FEB 2 1965

J. L. GORDON
ACTING DISTRICT ENGINEER